

Do you have asthma (difficulty breathing)?

Yes

No

| <i>During the past week...</i> | never | seldom | some- times | often | all the time |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. ... I woke up at night because of my asthma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. ... I felt a growl or whistle while breathing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. ... I was afraid of having an attack | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. ... inhaling and taking medication annoyed me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. ... I felt ashamed because of my asthma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. ... I was dissatisfied with myself because of my asthma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. ... there was trouble at home because of my asthma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. ... my parents forbade me things because of my asthma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. ... I was teased by others because of my asthma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. ... I was left out by others when they did things together, because of my asthma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. ... I had trouble concentrating because of my asthma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. ... I was just as good at sports as my classmates or friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. How often during the past week did you have breathing complaints (asthma)?
 never seldom sometimes often all the time

14. How severe were your breathing complaints during the past week?
 none at all somewhat severe moderately severe fairly severe very severe

15. How much did your breathing complaints bother you during the past week?
 not at all somewhat moderately fairly much very much